## SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

FOR LINE NUMBER: PAGE 276 OF 333

Use separate schedule(s)	(check only one)				
for each category of the Detailed Summary Page	X 11a	11b	11c	12	
	13	14	15	16	17
		,			

	Statements may not be sold or used by any perse name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Society of Anesthesi	ologists Political Action Committee	)
Full Name (Last, First, Middle Initial)  Steven L. Sween M.D.  Mailing Address 240 Marchand Ct NW  City Atlanta  FEC ID number of contributing federal political committee.  Name of Employer  PSA  Receipt For:  Primary General Other (specify)	State Zip Code GA 30328-2055  C  Occupation Physician Anesthesiologist  Aggregate Year-to-Date ▼  1500.12	Date of Receipt  M M
Full Name (Last, First, Middle Initial)  Joselito L. Syfu M.D.  Mailing Address 6709 W Dovewood Ln  City Fresno  FEC ID number of contributing federal political committee.  Name of Employer Madera COmmunity Hospital  Receipt For:  Primary General Other (specify)	State Zip Code CA 93723-8130  C  Occupation anesthesiologist  Aggregate Year-to-Date ▼  450.00	Date of Receipt  09 11 2015  Transaction ID: C3090604  Amount of Each Receipt this Period  200.00
Full Name (Last, First, Middle Initial)  Steven H. Sykes M.D.  Mailing Address 1118 Ross Clark Circle, Suite  City Dothan  FEC ID number of contributing federal political committee.  Name of Employer  ACMG  Receipt For:  Primary General Other (specify)	700  State Zip Code AL 36301  C  Occupation Physician  Aggregate Year-to-Date ▼  1000.00	Date of Receipt  M M M / D D / 2015  Transaction ID : C3090298  Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	1283.34
TOTAL This Period (last page this line number	only)	